

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	5007260-2
First Named Inventor	CLARIDGGE, Bo T.
COMPLETE IF KNOWN	
Application Number	/
Filing Date	Even Date Herewith
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF POINT OF SALE INVESTMENT

the specification of which

☒ is attached hereto

OR
☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒Customer Number
or Bar Code Label

021129

OR ☐

Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Bo T.

Family Name
or Surname

Claridge

Inventor's
Signature

Date

2/5/02

Residence: City

Kansas City

State

MO

Country

USA

Citizenship

USA

Mailing Address

35 East 62nd Terrace

City

Kansas City

State

MO

ZIP 64113

Country

USA

NAME OF SECOND INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Damon Cash

Family Name
or Surname

Claridge

Inventor's
Signature

Date

Residence: City

State

Country USA

Citizenship

USA

Mailing Address

City

State

ZIP

Country

USA

☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Spencer Fane Britt & Browne, LLP
1000 Walnut Street, Suite 1400
Kansas City, MO 64108
United States of America

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DESIGN
PATENT APPLICATION
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[Page 1 of 2]

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number or Bar Code Label **021128** OR ☐ Correspondence address below

Name

Address

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Country

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

Bo T.

Family Name
or Surname

Claridge

Inventor's
Signature

Date

Residence: City

Kansas City

State

MO

Country

USA

Citizenship

USA

Mailing Address

35 East 62nd Terrace

City

Kansas City

State

MO

ZIP 64113

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

Damon Cash

Family Name
or Surname

Claridge

Inventor's
Signature

Date

1/31/02

Residence: City

Superior

State

CO

Country

USA

Citizenship

USA

Mailing Address

3555 Castle Peak Ave

City

Superior

State

CO

ZIP

Country

USA

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB02A attached hereto.

[Page 2 of 2]

If this Declaration becomes separated from its file, please contact the Spencer Fane IP Group at 816-474-8100

Please type a plus sign (+) inside this box → ☐

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	Even Date Herewith
First Named Inventor	CLARIDGE, Bo T.
Title	Method of Point of Sale Investment
Group Art Unit	
Examiner Name	
Attorney Docket Number	5007260-2

I hereby appoint:

☒ Practitioners at Customer Number

21129

Place Customer
Number Bar Code
Label here

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

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State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Bo T. Claridge

Signature

Date

2/5/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

Please type a plus sign (+) inside this box → ☐**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
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First Named Inventor	CLARIDGE, Bo T.
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21129 →

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SIGNATURE of Applicant or Assignee of Record

Name

Damon Cash Claridge

Signature

Date

1/31/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.